



PTO/SB/17 (10-03)  
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/812,593	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 21, 2001	
		First Named Inventor	Hisanori ITOH	
		Examiner Name	Tuan V. HO	
TOTAL AMOUNT OF PAYMENT (\$)		430 .00	Art Unit	2612
		Attorney Docket No.	32577-202330	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Fee Code (\$)		
The Director is authorized to: (check all that apply)		Small Entity Fee Code (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Description		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Paid		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Fee Code (\$)				
Small Entity Fee Code (\$)				
Fee Description				
Fee Paid				
1001 770 2001 385 Utility filing fee				
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims - 20 =		Extra Claims Fee from below Fee Paid		
Independent Claims - 3 =		18 86		
Multiple Dependent		290		
Large Entity Fee Code (\$)				
Small Entity Fee Code (\$)				
Fee Description				
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		[Text].00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		(Complete (if applicable))		
Name (Print/Type) Adam Keser		Registration No. 54,217		
Signature		Telephone 703-760-7700		
		Date November 4, 2004		